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FAIR PLAY

IS

A JEWEL.

1819.
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PREFACE.

THE following unwarrantable attack on Dr. Mott's Case of Aneurism, appeared in the "Medical Recorder," published in Philadelphia. Presuming that the work was governed by fair principles, and that it was open to liberal discussion, the subjoined answer was sent to the editor, with a request that it might be inserted as soon as possible. But it appears that this gentleman, either swayed by personal dislike, or party animosity, refused it a place in his book. It was therefore determined to re-publish the above-mentioned attack, with the answer annexed. The letter of Mr Eberle, announcing his refusal to give the answer an insertion, is also published, "with all *its* imperfections on *its* head," that the public may have an opportunity of witnessing the singular talents and acquirements of the *Editor* of the "Medical Recorder." A reply to that letter concludes the pamphlet.

REVIEW.

FROM THE

AMERICAN MEDICAL RECORDER.

*Remarks on a Pamphlet entitled "Reflections on Securing
in a Ligature, the Arteria Innominata, to which is added,
a Case in which this Artery was tied by a Surgical
Operation." By Valentine Mott, M. D Professor of
Surgery in the University of New-York, &c.*

THIS case is of so important a nature as very properly to excite much attention. Its circumstances are detailed by Dr. Mott so particularly as to leave no doubt that he tied the arteria innominata, and that the patient survived the operation twenty-six days. On attending carefully to its history, a question immediately arose on a subject which appears not to have been sufficiently attended to by the Doctor, either previous to, or after the operation; and that is, whether M. Bateman's tumour really was an aneurism, and of course whether the operation done was necessary and justifiable.

Dazzled by the brilliancy of such an operation, many practitioners, and particularly the younger part of the profession, would not, perhaps, think of investigating this subject. But we conceive it of great importance to do so, to show how careful every surgeon should be, not to perform painful and dangerous operations, except in cases where the necessity of them is clearly ascertained.

We observe, in the history of this case, that the first symptoms after the injury, were those of violent inflammation about the shoulder and arm. Now, as

far as we have seen, aneurism has not usually commenced in that way; a pulsating swelling from a distended or ruptured artery is generally the first appearance of the disease. On the subsidence of this inflammation, a tumefaction, situated above, and posterior to the clavicle, began to show itself in the form of an irregular tumour, but no circumstance occurred which gave rise to a suspicion of its being aneurism.

The occurrence which appears to have decided the nature of this swelling in Dr. Mott's mind was, that on the 3d of May, about two months after the man's admittance into the hospital, the patient felt something give way in the tumour; his shoulder was painful; the tumour suddenly increased about one-third, and a pulsation was distinctly perceptible. Its most prominent part was below the clavicle, at which place the pulsation was most distinct. Next day the tumour was evidently increased, though it was not so firm and resisting as it had been, and the pulsation not so distinct.

Now all this appears to us contrary to what is commonly observed in aneurismal tumours, for in their early stages the pulsation is always most distinct, where they are so situated as to form an external swelling. It may here be remarked, that no appearance is noticed indicating the effusion of blood into the cellular membrane about the clavicle, which, had the sensation, mentioned by the man of something giving way, been owing to the rupture of an aneurismal sac, would, in all probability, have been observed. We think this symptom can be accounted for, by supposing that some deep seated scrofulous abscess suddenly burst and discharged its con-

tents into the *tela cellulosa*, under the clavicle, forming the projecting tumour, which being now more in the vicinity of the subclavian artery, the influence of that artery was more distinctly felt, in causing the pulsation of the swelling*.

Feeling these doubts on reading the history of the case, we fully expected to have had them cleared away by the dissection after death, but in this expectation we have been greatly disappointed. We expected an aneurismal sac, or cavity would have been opened, the artery entering it named, and the aneurismal orifices of it described; but instead of any satisfactory information on this highly important subject, a profound silence is observed. Instead of first demonstrating the existence of an aneurismal tumour, and then proceeding to investigate the effects of the operation performed for its cure, we find the latter has almost exclusively received attention, and the appearances of the tumour are related in a very cursory manner, in the last place. There is so much obscurity in the history given of the state of the innominate at the place of the operation, as to render it impossible to know what was its real condition. In describing its two extremities on each side of the place where the ligature had divided it, we are told in one paragraph, (page 41) that "the upper extremity of this vessel was considerably diminished in its diameter by the thickened state of its coats, occasioned by the surrounding inflammation;" and in the next paragraph it is stated, that the "tripod of great vessels, consisting of the innominata, subclavi-

* That such a cavity existed, is rendered probable by the account given in the dissection of a number of enlarged and supplicated glands being found under the clavicles.

an, and carotid arteries, to the extent of nearly an inch, was dissolved and carried away by ulceration;" so that in the one we are told of the thickened state of the vessel, which, in the succeeding, is declared to have been carried away by the ulcerative process.

In describing the operation, a thickened and discoloured state of coats of the subclavian artery was mentioned, which discouraged the Doctor from tying a ligature round it; but in the dissection, nothing more is related concerning the state of this vessel, than what is contained in the following unsatisfactory, and to us unintelligible, sentence: "The subclavian artery, internally and externally to the disease, was pervious," (page 42.) On opening the tumour, we are informed that it was much diminished, and that the clavicle was involved in it, found carious, and entirely disunited about the middle. A number of lymphatic glands under the clavicles, and particularly the left, were considerably enlarged, and when cut into, very soft, and evidently in a state of scrofulous suppuration; and then the following sentence concludes the account, "No other morbid appearance was observed."

This is truly an important disclosure, and to us quite satisfactory, that poor Bateman's disease was not understood, and that he was unnecessarily subjected to the operation which was performed.

"Far from being of opinion that the "noblest efforts of scientific surgery" were made for the relief of this poor man; we believe that the mode of operation, and the after treatment, were highly objectionable; but want of time prevents us at present from entering fully on these subjects."

Answer to the foregoing Review.

Having noticed *en passant* your Review, I am induced, though reluctantly, to come forward upon the occasion. I say reluctantly, because I have little time to spare: but allow me to hope that no consideration shall make me quiescent when merit is attacked by envy or assailed by malice. It may be necessary in the first place for me to assure you, that I have no acquaintance with the gentleman whom you attempt to traduce, because he was so unfortunate as to be the first surgeon in any age, or any country, who secured, with evident success, the arteria innominata. You are an odd surgeon, for you blame Dr. Mott for not being able to demonstrate on the dead subject, arterial coats, which had been previously dissolved by ulceration. You appear also, not to be acquainted with the word *pervious*. Having no inclination to become your instructor in *propria personæ*, allow me in this place to refer you to Dr. Johnson's Dictionary; it is probable that you have already looked into little Entick. Do not conceive that I mean to detract from your acquirements: no, sir, I am aware that you are a surgeon; your Review has satisfied me, the knife is perceptible in your operations on the English language, and the *twisted* suture is wound about your arguments. You commence by assuring the world "that a pulsating swelling from a distended or ruptured artery is generally the first appearance of the disease." Here I might refer you to Charles Bell, but as it is probable that his book may be scarce in Philadelphia, you will, I trust, forgive me for making a quotation. Doc-

tors, (agreeably to the old adage,) sometimes disagree. "Aneurism," says Bell, "may be attended with pulsation, or the pulsation may have ceased, or it may never have been a *characteristic of the disease.*" I leave the matter for yourself and Mr. Bell to settle, and proceed: "Dazzled by the brilliancy of such an operation, many practitioners, and particularly the younger part of the profession, would not think perhaps of investigating the subject." Here, sir, you are correct, for Youth is ingenuous; she awards the wreath of renown when due, though she strips her own temples of the leaves that compose it: Those leaves are unsmeared by the blast of detraction; unruffled by the breath of envy. It should seem then that you are old; I honour your years, but condemn your malignity.

After a few remarks you proceed, "Now all this appears to us contrary to what has been *commonly* observed in aneurismal tumours, for, in their early stages, the pulsation is always most distinct, where they are so situated as to form an external swelling."

Do you judge of the individual correctness of an ~~opinion~~, or of an opinion by what *commonly* takes place? If so, I cease to wonder, for it is reported that the arteria innominata was never tied before, not even in Philadelphia.

Again, "It may be here remarked that no appearance is noticed indicating the effusion of blood into the cellular membrane about the clavicle, which had the sensation mentioned by the man, of something giving way, been owing to an aneurismal sac, would, in all *probability*, have been observed." Read Dorsey's Cooper, kind sir, and you will find that Professor Scarpa disagrees with you.

opinion

It would, however, be unjust in me, not to allow you some credit for your penetration. You have discovered that the patient did not feel something give way, and furthermore, that Doctors Mott, Post, Kissam, and Stevens, were deceived when present, while you were perfectly correct, though a sojourner in Philadelphia. It appears also, that Dr. Hosack attended: his peculiar province is certainly not surgery; but allow me to remark, by the way, that he has an eye and an ear for every department. The pillars of the New-York College are firm, uniting the strength of the Doric column with the ornament of the Corinthian Capital.

But to proceed: “feeling these *doubts*, on reading the history of the case, we fully expected to have had them cleared away by the dissection after death, but in this expectation we have been greatly disappointed.”—So it appears that you still entertain doubts, after having published your belief that the tumour was not an aneurism; you should have kept this to yourself. If a man doubts what he has asserted, who will be generous enough to differ with him in opinion?

But, sir, how do you make up your mind with regard to the operation? Not by comparison, for it was never performed before; not by witnessing the mode, for you were in Philadelphia. It must, therefore, either be attributed to your omnipresence or intuition. When the history of this case was published, it was not deemed important to enter into positive or laboured discussions relative to diagnosis. The surgeons of New-York supposed it to be aneurism; perhaps the Philadelphia students may agree with them, for students are obliged to read, in self-

defence; whereas regular practitioners have, at least, a choice of remaining ignorant. Should you, however, covet instruction, say so boldly; and no doubt Dr. Mott will allow you a seat in his lecture room, *gratis*.

For my own part, I did not witness the operation that offends, but I have seen it performed on the dead subject, with consummate skill, by the same person who established its certainty, and thereby "sent a message to surgery."

Can any voice be wanting to decide that the "noblest efforts of scientific surgery" were employed? Surely none, for your assault has proved it. The storm wastes its fury on the oak, the shrub is secure in its comparative insignificance.

If Harvey was attacked for establishing the circulation of the blood, if Haller was aspersed and neglected in his native city, if Sydenham was persecuted, Rush libelled, and Lavoisier murdered, Mott may smile at the humble apostate who censures him for his success, and envies him for his expertness.

You condemn the subsequent treatment. Methinks you should have pointed out the particular improprieties, and, at least, hinted at something, which, in your opinion, would have been more correct. For this neglect I do not reproach you; silence seldom betrays, and perhaps you prefer waiting till you perform some operation of importance yourself, when your opinions might deserve consideration, and command respect. You may, however, be able to handle the knife better than the pen; with the former you lacerate patients only, with the latter you soil the scroll of science, and deface the meed of reputation. But, sir, there is a vast difference be-

tween the clamours of aspersion, and the voice of truth. You may become eminent in time, for men have risen from the humblest situations to the summit of perfection. But beware—that sunmit is perilous, for the demons of assailing envy sear the roses of science, and give her fairest chaplets to the winds.

Stifle your restless animosity, “be just and fear not,” remember that sterling talents, while it scorns to detract, is nevermore delighted than when proffering merited honour, and conferring ingenuous applause. We revere, respect, and love your celebrated professor, Dr. Physic; dignified by acquirements, exalted by success, and honoured by renown. We gaze with delight, on the hemisphere of surgery, which glows with his declining splendours, while we anticipate the day when our own star shall become “lord of the ascendant.” The gray hairs of Physic are hidden by the laurels that surround them: his name is deeply engraved on the tablets of immortal fame. The words of Pompey to Scylla, with a little alteration, may apply; Philadelphia has her *setting*, New-York her *rising* sun.

Dr. Rush informs us, that many great men were in the habit of acquiring knowledge from ferrymen, facts from labourers, and the art of healing from old women. After noticing this, it may be superfluous to add, that I shall always be ready to look over your future communications.

The following is the Letter from the Editor of the
Medical Recorder.

DEAR SIR

THE answer to the review of Dr. Mott's case, you send for publication, cannot be admitted into the Recorder;—It is, therefore, according to your request returned. However willing I may be to keep the pages of the Recorder open to free discussion, I cannot allow its pages to become the vehicle of violent crimination and irrelevant remark—It appears to me that this answer could be of no service to the person *whome* it intends to vindicate—The personal allusions in it are wholly inapplicable—The Author of the criticism on Dr. Mott's case is no beardless tyro —his *charracter* both as a man and a Surgeon, *exhone-rate* him from the charge of malignant envy—inexperience & ignorance—Notwithstanding these objections, however, if Dr. Mott, on reading your answer, will sanction its publication, If he will rest his vindication upon it, I will give it a place in the Recorder—

Yours respectfully

J EBERLE

Editor of the Med. Re'd.

To J. Eberle, Editor of the Medical Recorder.

Dr. Bacon has just presented me your answer to his communication, requesting you to publish a review of the unwarrantable attack which appeared in the "Medical Recorder," on Dr. Mott's "case of Aneurism." It seems you have refused to give the said review an insertion: allow me, therefore, to hope that you will not deem the present mode of obtaining a hearing, indirect or malicious.

As Editor of the "Medical Recorder," you have certainly a right to govern yourself by personal animosity or party feeling; and I shall be among the last to insist on your having any respect for justice, or any reverence for truth. The press is open to all; and public opinion, I presume, is not either governed or misled by your endeavours. Under this impression, it has been determined to publish your letter, without the smallest alteration; and it may not be irrelevant to remark, that little doubt exists in my mind, of your opinions on many subjects being better than the unhappy orthography which partly conveys them. Your diamonds are perhaps of the purest water, but the setting is certainly abominable. Thank heaven, I am no Editor of a literary work, which may account for my spelling tolerably. In order to assist your investigation, the interlineations in your letter are totally omitted, and the words spelled incorrectly are placed in *italics**.

You remark that "the personal allusions in the review are totally inapplicable," after having before declared that "the pages of the 'Recorder'

* See the words in *italics* in Eberle's letter.

should not become the vehicle of violent crimination, and irrelevant remark." Now, if the allusions are inapplicable, they certainly cannot be injurious. But what do you mean by personal allusions? Pray, Sir, whose fame was assaulted? Whose name or person was brought into jeopardy? Some unknown and perhaps inconsiderable being endeavours to tarnish the fame of Dr. Mott; another unknown, inconsiderable being steps forward on the defensive. Where is this personal allusion, this violent crimination? Does it affect you? It is necessary first to *identify* the victim, or there can be no sacrifice. Reader, consider the following remarks attentively, and perhaps you may discover dregs of personal animosity, mingled with the poison of malice, and the gall of envy.

"Notwithstanding these objections, (says the Editor of the Recorder, *a work published in America, that cradle of free discussion,*) notwithstanding these objections, however, if Dr. Mott, on reading your answer, will sanction its publication, if he will rest his vindication upon it, I will give it a place in the Recorder." Now what does this mean? To whom does this individually apply? What has Dr. Mott to do with the answer? He may find time to smile with contempt upon your feeble imbecility, but will, I trust, never condescend to notice your frivolous objections, or ephemeral attacks.

You have betrayed yourself: for it appears, under your own hand, that you "cannot allow the pages of the 'Recorder' to become the vehicle of violent crimination and irrelevant remark," unless it be with the express intention, the *fixed* design of injuring Dr. Mott. Your poignard is still aimed at the same ob-

ject, but it shall fall from your nerveless grasp, and betray you.

—————“ this even handed Justice
Commends the ingredients of the poisoned chalice,
To our own lips.”—

I have confessed myself to be an inconsiderable being in the world of literature, but you may depend upon my announcing *my* name, whenever your champion, “ whose character as a man and a surgeon, exonerate him from malignant envy, inexperience and ignorance,” shall go forward and do the same. Nay more—so far from requesting Dr. Mott to rest his vindication on what my humble hand has already traced, I shall ever hold myself in readiness to meet and repel any future detraction. This is not predicated upon any intimacy with that gentleman; a sense of justice alone urges me forward. Fearless I enter the lists, and await the summons of the herald.

“ Thrice is he armed that hath his quarrel just,
And he but naked, though lock’d up in steel,
Whose bosom with injustice is corrupted.”

To conclude: allow me to hope that you will be able to procure some expert gladiator to assist you,—let me not war with Thersites—let us have hard fighting, and then

—————“ Lay on Macduff,
And damn’d be he, who first cries hold, enough!”

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